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ABSTRACT

This handbook makes suggestions on how faculty can adjust their teaching environment or style to eliminate barriers that may prohibit a student with a disability from achieving his or her educational goals. The booklet describes the functions of the Office of Handicapped Student Services of the University of Georgia, relevant federal regulations, and handicap definitions. It offers guidelines for dealing with individuals with specific disabilities, including hearing impairments, learning disabilities, visual impairments, and physical disabilities requiring use of wheelchairs. Disabilities commonly found among the university population are described. (Six references) (JDD)

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Students with Disabilities

A GUIDE FOR FACULTY AND STAFF

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THE UNIVERSITY OF GEORGIA

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PREFACE

This handbook was developed by Handicapped Student Services, a part of the Office of the Vice President for Student Affairs. We hope that this information will be helpful to you as you work with students who have disabilities. We have made some suggestions on how to adjust your teaching environment or style so that we can more effectively eliminate any barriers which may prohibit a student from achieving his or her educational goals.

The philosophy underlying all services is to provide the support necessary for students with disabilities to function as independently as possible while at the University of Georgia.

If you need additional information on handicapping conditions, or require consultation on teaching and testing techniques, please contact Karen Kalivoda, Coordinator of Handicapped Student Services, 345 Tate Student Center, 542-8719.

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Third Edition, February 1989

THE OFFICE OF HANDICAPPED STUDENT SERVICES

The University of Georgia is dedicated to enriching the lives of those who seek the goal of higher education. The Office of Handicapped Student Services (HSS) was created to assist the University in fulfilling its obligation and committment to educate and serve students who qualify for admission. HSS, a part of the Office of the Vice President for Student Affairs, coordinates the provision of services to students who, by reason of disability or handicapping condition, require some form of assistance in functioning independently on the college campus and pursuing his/her educational goals. Traditionally, these students have been denied educational and social opportunities due to architectural and attitudinal barriers. The University of Georgia is committed to breaking these barriers and assuring equal access to all students capable of meeting admission requirements.

FEDERAL REGULATIONS

Section 504 of the Rehabilitation Act of 1973 mandates that "No otherwise qualified handicapped individual in the United States . . . shall, solely by reason of his handicap be excluded from the participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance." As a recipient of federal financial assistance, the University of Georgia is obligated to make certain adjustments and accommodations in programs and activities in order to provide qualified handicapped persons with opportunities

equal to those enjoyed by qualified non-handicapped. A "qualified handicapped person" is a person who can satisfy "the academic and technical standards requisite to admission or participation in the recipient's education program or activity." According to the regulations, reasonable accommodations for a disabled student may include "changes in the length of time permitted for the completion of degree requirements, substitution of specific courses required for the completion of degree requirements, and adaptation of the manner in which specific courses are conducted." The specific accommodation needed will vary from student to student based on his/her individual impairment.

WHAT CONSTITUTES A HANDICAP?

A "handicapped person" is defined in the regulations of Section504 of the Rehabilitation Act of 1973 as "any person who has a physical or mental impairment which substantially limits one or more major life activities (walking, seeing, hearing, speaking, breathing, learning, and working), has a record of such an impairment, or is regarded as having such an impairment". No single description can accurately describe the unique experiences, characteristics, and special needs of "the disabled student" at UGA. Just as specific disabilities vary, so do the individual needs of the students.

If you are looking for ways to meet the individual needs of students who are physically and learning challenged, on the first day of class offer to meet after class with any student who may have special needs in the classroom. Other specific examples of assistance follow in this guide.

There are already many students with invisible and visible disabilities attending the University of Georgia. As more children with disabilities receive adequate secondary school education, greater numbers of students will be pursuing higher education. Some of the major obstacles these students encounter are myths and stereotypical attitudes related to their disability. The following are common myths held by society about the disabled population:

A. All disabled people are handicapped and/or crippled.

B. Disabled people are physicaly unhealthy, dependent and lonely.

C. Disabled people lead totally different lives than others do.

D. Disability is a constantly frustrating tragedy. Disabled people are brave and inspirational by being able to overcome their handicaps.

These attitudes may arise from fear or a simple lack of understanding of disabilities. We hope that by presenting accurate information in this manual, we will help you overcome your fears and increase your awareness on issues related to the disabled. The following are suggestions to help you as you begin to interact with students who have disabilities.

1. Remember that a student who has a disability is first and foremost a person. This student is like everyone else, except for the special limitation(s) imposed by his or her disability.

2. Speak directly to the individual with the disability. Do not let a companion be a go-between for conversation.

3. Offer assistance if asked or if the need seems obvious. Do not overdo it. Respect the person's right to indicate the kind of help that is needed.

4. Be aware that individuals with disabilities vary in lifesytles, activities, and personality characteristics as do non-disabled individuals.

5. Appreciate what the student can do. Remember that the difficulties she or he may be facing could stem more from society's attitudes and barriers than from a disability.

6. Be considerate of the extra time it might take for this person to get things done. Let him or her set the pace in walking or talking.

7. Keep in mind that people with disabilities differ in how they are affected by their disability and how they react to having a disability.

8. Relax. If you do not know what to say or do, allow the person who has the disability to help put you at ease.

9. Keep in mind that your attitude toward the student and his or her disability has the potential of being as handicapping to the individual as the handicap itself.

STUDENTS WITH HEARING IMPAIRMENTS

The hearing impaired includes individuals with partial to total loss of hearing. Their major challenge is in the area of communication.

Speech reading is one solution for some persons. Students who rely on reading lips can at best read 30 percent of the sounds of spoken English. Imagine only understanding every third word of a conversation or lecture! Another form of communication often utilized by students with a profound hearing loss is sign language. A sign language interpreter translates oral communication into manual communication. Most students with profound losses need their classmate's or instructor's lecture notes since it is virtually impossible to take notes and at the same time watch an interpreter or read lips.

Since hearing impairments, communication modes and abilities fall on a wide continuum, it is suggested that you discuss the following recommendations with the student to determine which will be most appropriate for that individual.

1. Do not hesitate to write notes when necessary to communicate with deaf students.

2. Since some students rely on lip reading, it is important that the student can "see" what you say. It is suggested that you: (A) Avoid lecturing as you write on the chalkboard with your back to the student. (B) Speak at a normal rate. It is not necessary to exaggerate lip movement. (C) Arrange seating so that the student will have an unobstructed view of you and other students during class lectures and discussions. (D) Avoid inadequate lighting which might inhibit communication.

3. Use handouts frequently. List major topics of the lecture or discussion on the chalkboard or an overhead projector. Use of an overhead projector can also enable you to continue to face the student while presenting written materials.

4. Write all class assignments on the board or on handouts.

5. Be available to clear up any confusion the student might have about the lecture material, assignment, or the mode of expected responses for tests.

6. Repeating questions raised by other class members assists the student in following classroom discussions.

7. Using facial expressions, gestures, and other "body language" is helpful in conveying your message.

8. Do not smoke, chew gum, or otherwise block the area around your mouth with your hands or other objects while talking.

9. Many hearing impaired students will need to have notetakers. The school or college in which the student is enrolled is responsible for payment of notetaker services. The Coordinator of Handicapped Student Services may solicit the help of the professor in identifying well qualified student notetakers.

The University of Georgia's Speech and Hearing Clinic will prove to be a valuable resource. Faculty, staff, and students may obtain diagnostic and treatment services at the Clinic. The Clinic is located on the fifth floor of the College of Education, Aderhold Hall. Students may visit or call the Clinic office (542-4598) to request services.

STUDENTS WITH LEARNING DISABILITIES

Learning disabilities or "L.D.", is a hidden handicap. Although as many as 5% of all Americans are considered to have learning disabilities, it is impossible to identify a person with this handicap simply by looking at or talking with him/her. "Learning Disabilities" is an umbrella term which includes a wide range of difficulties and manifestations.

The student with learning disabilities has difficulty acquiring, storing and/or retrieving information because of a deficit or inefficiency in his/her learning process. Breakdowns or deficits in one or more areas of the process will adversely affect a student's ability to learn in the same way or at the same rate as others who have no deficit. Each learning disabled student has a unique profile of strengths and weaknesses. He/She may not be able to focus or maintain attention, receive stimuli accurately, remember easily, attach meaning to symbols, relate new information to previously learned material, or understand his/her own learning behavior. He/She may have difficulty expressing knowledge in a particular way or under the pressure of time limits. However, all college students with learning disabilities have at least average overall intellectual ability.

While learning disabled students may learn some subjects/concepts/skills easily, they master others only with great effort and difficulty. Academic problems may be seen in listening comprehension, reading, writing, or mathematics. Problems in non-academic areas, such as poor organization of time or impulsive decision making, can make academic life even more frustrating.

Faculty members are not requested to give students credit when course content has obviously not been learned; however, they are requested to give students a reasonable opportunity to learn and to demonstrate what they have learned through possible course modifications.

The type of accommodation required for the student with a learning disability varies from individual to individual, just as it does for those with hearing, visual, or mobility impairments. The Learning Disabilities Specialists and the Coordinator of Handicapped Student Services will make appropriate recommendations for accommodating each L.D. student based on his/her specific needs. Suggestions for the faculty may include:

1. Spell out course expectations clearly before the course begins (material to be covered, grading procedures, due dates).

2. Permit the use of a tape recorder in class.

3. Assure that students using notetaking services are receiving adequate lecture notes.

4. Meet with the student individually on a regular basis to clarify concepts and discuss class progress.

5. Highlight major concepts and terminology orally and/or visually, e.g., write new terms and names on the board, or read aloud material on transparencies.

6. Critique early drafts of papers, providing pointers and encouragement for follow-up rewrites.

7. Allow the student extra time for classwork.

8. Permit appropriate modification of tests, such as additional time, use of dictionary for essay exams, oral vs. written response.

To receive special modifications at the University of Georgia, learning disabled students are first required to undergo a diagnostic evaluation at the Learning Disabilities Adult Clinic. In addition to evaluation services, the Clinic provides tutoring, remediation, and counseling for learning disabled students and assistance to the faculty when desired. Contact Noel Gregg, Ph.D., 533 Aderhold, 542-4589 for further information.

If you are aware of a student who might fit into the definition of learning disabilities, please refer him/her for an initial interview to Karen Kalivoda, Coordinator of Handicapped Student Services, 345 Tate Student Center 542-8719.

STUDENTS WITH VISUAL IMPAIRMENTS

The visually impaired includes individuals with partial to total loss of vision. Students with partial loss of vision often benefit from enlarged printed materials. UGA's Main Library is able to make enlarged copies. The Office of Handicapped Student Services can advise you as to the cost and procedures for utilizing this service. Students with total loss of vision require taped or braille versions of their texts and class handouts.

The major challenge which visually impaired students encounter centers around the overwhelming mass of printed and visually-oriented material such as textbooks, class outlines, class schedules, posters, tests, overhead projections, films, videotapes, and closed circuit television.

The following suggestions should prove helpful in working with visually impaired students:

1. The student depends almost exclusively on his/her hearing. Oralize everything. Say what you are writing on the chalkboard. Describe everything that is important to see.

2. A guide dog is not a pet. Do not treat it as such. It can be very distracting and in some cases even dangerous.

3. Do not try to avoid words like "see", "look", or "blind".

4. Try to find a way for the student to "touch" instead of "look" at things, such as tactile charts and diagrams, if possible. This is especially important in laboratory situations. The Office of Handicapped Student Services has volunteers who assist in designing and constructing tactile maps.

5. Provide the student with an equal chance in testing situations. An advantage is not necessary. Realize that providing a reader or the allowance of more time may be necessary for the student to have an equal chance. If possible, provide a reader from your department (a graduate assistant).

6. Discuss the need for adaptive testing procedures with the student very early in the quarter. Some options might include typewritten answers, audio-recorded answers, and dictation to a test taker.

7. Understand that vision impaired students need to plan and work ahead. A course syllabus that outlines reading and writing assignments can aid these students in completing homework on time. A reading assignment which is due in two days may be impossible for the student to complete on time. The library research, reading, and writing necessary for reports will also take longer for the visually impaired student to complete.

8. Keep in mind that the "talking", braille, and large-print books often take 6-8 weeks to be delivered. They may not be available at the start of classes even if they were ordered immediately following last quarter's pre-registration period.

9. Do not move furniture and equipment around in the classroom or laboratory. If these items are moved the visually impaired student needs to be shown and told about the new locations.

STUDENTS WHO USE WHEELCHAIRS

Access is one of the major concerns of the student who uses a wheelchair. The student must be able to find accessible routes from the parking lots to classes and offices. The environment offers many barriers — a stair, a curb, a narrow walkway, a heavy door, an elevator door that has no delay mechanism, or one that closes too fast. Vehicles blocking curb cuts, ramps, and handicapped parking spaces are examples of other obstacles.

Students use wheelchairs because of a variety of disabilities including spinal cord injuries, cerebral palsy, severe arthritis, amputation, and multiple sclerosis.

The following guidelines should be useful in accommodating students who use wheelchairs:

1. If a particular classroom or faculty office is inaccessible, find an accessible location or an alternate class section that is held in an accessible location. The Coordinator of Handicapped Student Services can assist you in locating an accessible location.

2. If a class involves field work or field trips, ask the handicapped student to participate in the selection of visitation sites and modes of transportation.

3. Classes taught in laboratory settings may need to be modified. Working directly with the student is usually the best way to determine what modifications are needed.

4. Allow the student to participate to the fullest extent possible in laboratory work. The handicapped individual can give instructions to an aide or laboratory partner, and can usually participate meaningfully in most laboratory activitites.

5. Most students who use wheelchairs will ask for assistance if they need it. Do not assume automatically that assistance is required. It is alright to offer to help, but do not insist, and accept a "no thanks" graciously.

6. When talking to a student in a wheelchair, if the conversation continues for more than a few minutes, sit down or kneel if it is convenient. Everyone likes to see the person to whom they are speaking.

7. Arrange seating so that the student who uses a wheelchair will have the needed work space.

8. Notetaking services may be required if the student lacks co-ordination or manual and finger dexterity.

GENERAL DESCRIPTION OF DISABILITIES COMMONLY FOUND AMONG THE UNIVERSITY POPULATION

ARTHRITIS — The term arthritis refers to inflammation of the joints. Its causes are unknown and occurs in individuals of all ages. It is often the result of an infection from a specific bacterium resulting, typically, in single joint involvement, either acute or chronic, depending on the nature of the infection. Individuals with arthritis will often find the chronic pain, fatigue, and limitation in range of motion the most disabling conditions of their disease.

ASTHMA AND SEVERE ALLERGIES — Severe asthma and allergies can impair some students' participation in the full range of activities on campus. Particularly sensitive individuals can experience respiratory irritation from exposure to dust, molds, and pollens circulating in buildings. Some experience periods when their respiratory or allergic problems are very severe. At other times, interference with activities may be minimal.

CARDIOVASCULAR DISEASE — Cardiac disease is the most frequent cause of death in the United States. Arteriosclerosis (narrowing of the coronary arteries) is known to begin as early as puberty. However, the cause of chronic heart disease is unknown. Common symptoms of cardiovascular disease include heart failure (inability of the heart to pump adequately), fatigue, abdominal pain, shortness of breath, chest pain, and rhythmic abnormalities.

CEREBRAL PALSY — Cerebral palsy is a nonprogressive brain disorder resulting from malfunction of the motor pathways of the brain occurring before or during birth. This malfunction results in paralysis, weakness, and lack of coordination. Cerebral palsy may affect any combination of speech, hearing, vision, coordination, strength, or growth. Therefore, a person with cerebral palsy may be severely physically disabled and have difficulty expressing themselves, but be very intelligent. Cerebral palsy may be multi-handicapping or it may affect only one function such as walking or speech. It can sometimes be associated with learning disabilities.

CHEMICAL DEPENDENCY — The extent of problems related to alcohol abuse, alcoholism and/or other forms of chemical dependency has reached major proportions and continues to increase. Alcohol is the most abused drug in the United States. An estimated seven percent of the adult population in the United States manifest the behaviors of alcohol abuse and alcoholism. In addition, non-medical drug use in the chemically dependent individuals may be visible in classroom settings.

EMOTIONAL DISABILITY — Students with emotional disabilities are individuals who have experienced significant psychological difficulty which may have required treatment in hospital settings. There are a number of types of psychological problems such as periodic confused thinking, extreme fear or tension, and deep depression. These problems may start following a traumatic life experience or without any identifiable cause.

EPILEPSY AND SEIZURE DISORDERS — Seizures are the result of electrical discharges of brain cells. Although epilepsy is a disorder of the brain characterized by recurrent seizures, all seizures are not due to epilepsy. Once the seizure disorder is identified and seizures are controlled with medication, most individuals live fully active lives.

MULTIPLE SCLEROSIS — Multiple sclerosis (MS) is a neurological disease with unknown origin. As time goes by, more and more of the protective sheath surrounding nerve cells is lost and scarring occurs. Onset of MS frequently occurs during college years. The disease is progressive. Symptoms may disappear or become less severe for periods of time, but the disease will flare up again—and usually more severely. MS usually affects a number of body systems at once. Common problems include weakness, lack of coordination, lack of balance, speech difficulty, and trembling of the arms and legs.

MUSCULAR DYSTROPHY — Muscular dystrophy is a disease which affects the muscles of the body. It is a progressive, hereditary disease, primarily characterized by weakness and atrophy of the muscles. As the disease progresses, it results in increasing disability and deformity, frequently leading to degeneration of the cardiac muscles. Onset of the disease occurs most frequently between the ages of ten and twenty years. The primary limitation of this disease is the progressive, permanent loss of function of specific muscle groups.

POLIO — Poliomyelitis is caused by a viral infection on the spinal cord and brain stem. This can result in a variety of outcomes including weakness or paralysis of parts of the body, and impairments of facial movements, speech, swallowing, respiration, and the circulatory system. The pattern of permanent paralysis is dependent on which nerves recover from the viral infection.

SPINAL CORD INJURY — Spinal Cord damage results from injury (automobile or athletic accidents, wounds) or disease (tumor, infection). Muscular and sensory functions are lost or impaired at the location of the injury and below due to the disruption of nerve pathways through the spinal cord. Injuries located in the middle chest region and below cause paralysis in legs (paraplegia). Injuries in the upper spine and neck cause paralysis in legs and arms (quadriplegia).

TRAUMATIC HEAD INJURY — Traumatic head injury is the result of injury to one or more areas of the brain causing permanent tissue damage. Students who have suffered a brain injury may experience cognitive, behavioral, emotional, and/or motor deficits.

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